EATING DISORDERS ASSOCIATION INC.

Through The Looking Glass

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Transformations

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NEXT ISSUE: Family & Friends

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From the Editor

Happy New Year and welcome to the first edition of Through the Looking Glass for 2010!!! As some of you may notice, we have slightly changed the format of our newsletter, but not the fantastic content!! And of course we still value your feedback, so please let us know what you think.

This month's theme/topic is on transformations and we have chosen the gorgeous butterfly which eternally symbolises change, alterations and of course TRANSFORMATION!!

Some people like to take the new year to embrace change, but wherever and whenever you decide to make changes the key is to be supported, have realistic goals and expectations, and above all, the belief and desire to change! Let's face it, change is not always easy (a bit like recovery) but it is POSSIBLE. And it does not need to be a dramatic and drastic change but rather wee tiny steps that continually build to that change. It is an individual process.

We wish you a fulfilling and happy 2010 and are looking forward to continually strengthening our relationships/partnerships with professionals and service users alike.

Enjoy the month, enjoy the read!

Melissa, Leanne, Desi, Sarah, Kyle, Vicky and Nerida

Tip of the Month

Always tell yourself that you can do it!!!!!!!

Transformation

Like A Butterfly

You Can

The EDA Inc Board of Management:
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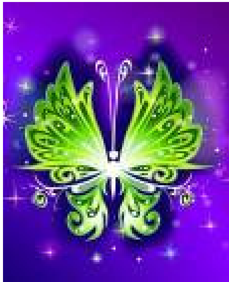
From the Coordinator



Hello everyone,

The EDA is kicking off the new year with lots of things in the pipeline. Check out the support groups on offer for carers and individuals wanting to recover from eating disorders. Our Recovery group will start in Brisbane on the Saturday 6th February, on the Sunshine Coast on Saturday 13th March. The monthly carers groups will resume on Thursday 28th January, the Family Information Group on 27th January and the Family Skills Based Program will follow on 22nd February. More about these groups in this edition and please call to register your interest in attending.

Congratulations to all the young people who entered our Teenage Magazine Competition, your work was awesome! Particular thanks goes to our competition winner Becki, who not only won the competition for the title name of our magazine "CONSUME" but was also the winner of the design cover. A special thanks also goes to our second and third place winners Nicola, Ryan, Jodi, Martin, Anne-Maree , Alicia and Catherine whose design is on the front cover of this month's newsletter. These young artists work is showcased in this edition.

We would also like to take the time to thank the 50 individuals, community groups and young people who contributed articles to CONSUME. We are now in the process of compiling the magazine and organising youth focus groups to feedback and input before going to print.

The EDA is also hoping to print some booklets this year on the various eating disorders, so that the Queensland community has access to information in a succinct format. Our first booklet on Anorexia Nervosa will be distributed for community feedback in the next few weeks, followed by our booklets on Bulimia Nervosa, Binge Eating and a new edition of Understanding Eating Disorders.

Another exciting initiative we hope to launch in April is the advertising of therapists who specialise in Eating Disorders. Getting support for an eating disorder can be critical to recovery and so for the first time we will be offering advertising space in our newsletter to connect individuals with therapists and to assist in the ongoing viability of our newsletter. So please – if you are an eating disorder support organisation or an individual therapist – consider taking out some advertising (see pg 14).

The EDA hopes to be active in lobbying government this year to provide better services to people experiencing eating disorders and their carers, so please feel free to share your ideas on what you think is needed. Key points we will be lobbying for are to keep patients in hospital longer, with a healthier BMI before release and to lobby for a transitional house as a stepping stone from hospital back to living independently in the community.

On Friday, 13 November 2009, the Australian Health Ministers' Conference launched the *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009–2014 committing to* "… a mental health system that enables recovery that prevents and detects mental illness early and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community". Lets hope there is some commitment to providing some effective and appropriate treatment options for eating disorders and community support so that individuals with eating disorders can make good recovery in order to participate and enjoy community life.

I hope you enjoy this edition of Through the Looking Glass and it's new look for 2010.
EDA Coordinator, Desi Achilleos.

Surviving Anorexia Nervosa

Nineteen-year-old Rachael Hyde reflects on her struggle with a complex illness

My name is Rachael. I am in recovery from anorexia nervosa and major depression. It is still difficult for me to say that aloud. Four years ago, at 15, I had lost my health, my hair, my self-esteem, my energy, my height, my ambition, my friends, my ability to think, to reason, my trust in myself, others' trust in me, my pride – in short, my identity – to a disease I had rarely considered, even in the vaguest terms. Four years on, I have painstakingly struggled to grasp it all back. It is, and I suspect always will be, a work in progress.

I am not the same person I was pre anorexia nervosa. However, my present self is so far removed from the dangerously sick girl I was in high school, that recalling and articulating my state of mind at that time is incredibly challenging. The brief flashes of recollection I do have in certain places, or at certain times of year, are still incredibly intense. I recently opened a bottle of perfume I have not used for a few years, and was quite literally bombarded by a stream of negative emotions and images, to the extent that I found myself shaking, on the verge of tears, and experiencing severe stomach pains within a few seconds.

At my lowest physical point, I weighed less than 35kg. For a girl of average height, this was critically underweight. I was hospitalised for seven weeks and have no doubt that, physically, this saved my life. My memories of this point and the months leading up to it are very fractured. My brain is incapable of giving any narrative or coherent framework to this period of constant crying, incessant biting cold, desolation, intense loneliness and isolation, bruising, shaking, insomnia, physical pain, terror, panic and confusion. To suffer from anorexia nervosa is to have your own self mercilessly screaming at you every second of every day. It's as if you are dying from the inside out, actually disintegrating with sadness. To watch your body self-destruct is scary. To experience the same phenomenon in your mind is terrifying.

I do not know what I weighed before this. I could not tell you what clothing size I was. I wore what fitted. It was simply never an issue. To explain the paradox behind this phenomenon, I emphasise that it was never about my weight. Anorexia nervosa is a psychological enigma, and I do not profess to have any more knowledge of the hows and whys than the rest of the community. What I do have is a memory of the devastating, prolonged struggle back to life.

My stubbornness, my pride, my perfectionism, and my unachievably high expectations fuelled the disease. They are also what eventually got me out. Recovering from the disease is like climbing out of a well. You seem completely isolated. You often have no idea how to proceed. The struggle overwhelms you. It is torturous, and to simply let go and fall often seems inevitable, and always seems easier. Sometimes, you simply have to stay where you are for a while. But as long as you don't let go, this is not failure. To get out takes what seems like an eternity, and you don't see the top until you get there.

Recovering physically was painstaking. But I write this not to theatricalise an ugly, confronting disease; rather, as an attempt to bring some sense of understanding to onlookers, and perhaps sufferers, about how overwhelmingly incomprehensible the nature of the disease is to everyone involved. I am still ashamed to say that I laughed off a friend's real concerns about me dying on more than one occasion. Unfortunately, I quite literally could not comprehend what well-meaning friends at their wits' end were saying when they would shout, reason, threaten, cry and plead with me in an attempt to push me away from self destruction. My lack of response at the time meant that they still, I think, are not aware of the large part they played in saving my life, not physically, but mentally.

Onlookers cannot provide alleviation for the mental agony that is recovery. As much as we would like to, we cannot pull our loved ones out, or crawl up for them. What we can do is wait at the top of the well. What we must do is believe in them when they cannot believe in themselves. For however long it takes. No-one is equipped to deal with this disease. We have come a long way in the recognition of mental illness, but in my experience, overcoming the stereotypes and the embarrassment that persist long after physical recovery was a large part of the struggle.

Anorexia nervosa is not a self-serving disease of vanity. It is not the stereotyped perfectionist desire

for control, or a middle-class cry for attention. It is not a conscious decision. It has no good points. To truly, genuinely, believe that eating to maintain yourself is somehow unacceptably self-indulgent is a reaction to a great deal more than models in magazines.

I have only recently recognised that recovery also involves dealing with grief. This is not an inappropriate word to describe the long-term trauma inflicted by the disease. I still lament that I was, at best, only half present at many points in my life. Further, as much as hospitalisation was physically helpful, the experience was emotionally destroying. To be forcibly placed with a group of girls as physically and mentally ill as I was, introduced me to an intense amount of competition, mind games and despair. Perpetual snide remarks, threats or open hostility from other patients and, most notably, nurses – either inflicting blame for anorexics “wanting to be sick”, or trivialising our difficulties – on top of my own crumbling state of mind, resulted in daily anxiety attacks, chronic insomnia and constant crying that continued far beyond my discharge.

I have many amazing people around me whom I care about and genuinely have a lot of fun with, but who also, I am still realising, accept and support my history

For the next few years, when the memories and the continuing struggle with recovery still dominated and interfered with a large part of my daily life, every time someone even vaguely referred to eating disorders, or hospital, or food, or weight, whether generically or personally, be they naive or informed, I would experience a hot surge of shame and fear. At first, it was overwhelming. But with each year I become more ‘recovered’, more distanced from the disease, more sure of my post-anorexic self; I become more capable of recognising, articulating, and dealing with the trauma and its implications.

I took a gap year last year, before starting university, and, for the first time, out of my own free will, I told some of the people I met overseas about my history with anorexia nervosa and depression. I remember being incredibly surprised that this did not alter my relationship with them in any way.
Love and support are the best tools you can offer to a sufferer. You do not need to know what to say, or how to ‘fix’ someone. You do need to recognise both their need for support and their independence. You do need to recognise anorexia nervosa as a disease, not a personality.

Now, I get hungry, rather than faint, a few times a day. Having lunch with a friend is enjoyable, rather than stressful. I don’t obsessively plan or analyse the food I eat. Mirrors are predictable, and somewhat useful, rather than terrifying. All this is amazing. But more than that, I can trust again. I am not proud of my experience with anorexia nervosa, but nor am I desperately ashamed of it. My perception of myself is not defined or limited by memory of the disease. I have many amazing people around me whom I care about and genuinely have a lot of fun with, but who also, I am still realising, accept and support my history and my continuing challenges and will be there for me if I ever need or ask them to be.

Until recently, I never believed that anyone, even those who had experienced the disease, understood the psychological trauma that I experienced. It is only through talking and reading about anorexia nervosa and depression that I have realised that as much as it feels like your well is deeper and darker than anyone else’s, other people have gone through very similar experiences.

My name is Rachael. I am in recovery from anorexia nervosa and major depression. I am also a highly motivated, ambitious law student with a love of ricotta cheesecake, walking in the rain, warm doonas, peppermint tea, musty old books and polka dots. I do not know exactly why anorexia nervosa or depression develop or progress so devastatingly. I do not know exactly what we can do as individuals, or as a society, to prevent the illnesses, or hasten recovery. I do know that it is possible to climb out of the well, to regain an identity for yourself, and to re-engage with the world. And it’s wonderful.

The EDA would like to thank Rachael Hyde and Brisbane’s Child Magazine (October 2009 edition) where this article first appeared. www.webchild.com.au

Transforming Thoughts

"What we repeatedly think shapes our world. Out of compassion, substitute healthy thoughts for unhealthy ones." Buddhist principle used in J. Kornfield's book "A Wise Heart"

The Dalai Lama says that transforming thoughts is one of his favourite practices. For someone with an eating disorder, this practice is easier said than done. It would seem easier for them to try to fly than to try and change their thoughts. Unhealthy thoughts coming from the eating disorder voice such as "carbs are bad" or "eating one donut will automatically make me gain 5 lbs." are automatic and aggressive. They are like a broken record playing constantly in their head. These thought patterns didn't happen overnight; it took months and often years of training for them to become so pervasive. And so replacing negative thoughts with healthy ones also requires time and practice.

Because these negative thoughts are automatic, clients need to start with reflection. I ask them to pay attention to what feelings come up for them in a given day and what thoughts are behind them. An important concept I use when treating clients is that of eating disorder voice versus healthy/soul voice. I spend many sessions helping clients tune into these two voices. At first, it is enough for them to even recognize when the eating disorder voice is speaking. When they are better able to distinguish between the healthy voice and the eating disorder voice, I have them connect how thoughts based on anger, annoyance, judgment or fear affects them. To begin with, it may be easier for a person to notice how others who hold these thoughts are affected. By becoming aware of these thoughts and beliefs they can then connect the effect of these thoughts on their attitude, their behaviour, their food. The goal is not to teach people how to avoid negative thoughts or to deny parts of themselves but rather to help them recognize how these thoughts are shaping their decisions and actions and to find more positive ways of coping. It is not thought stopping; it's thought recognition and replacing.

" You yourself,
as much as Anybody
In the entire Universe
Deserves your love and
affection"

The Buddha

The other difficult part for people with eating disorders is having compassion for themselves. They are often the most compassionate, empathic, giving people - to everyone else in the world except when dealing with themselves. A person with an eating disorder has lost the ability to treat her body and her spirit with kindness and gentility. It is crucial to help guide her back to self-love, leading by example. By making conscious choices to stop negative thought patterns and to replace damaging beliefs with healthy ones, they begin inviting compassion into their lives. When a person's soul has been reawakened to kindness, this can be used to prevent negative states from shaking peace of mind. Through compassionate determination, anger can be transformed into passion, annoyance to patience, judgment to understanding. This is the law of attraction... you get what you are thinking. So when a client says she wants recovery, help her see how her compassionate thoughts will make this possible.

Kindly Taken from Eating Disorder Blogs. Spirituality and Recovery. Carolyn Costigan and Keesha Broome

SANE research released– money and mental illness

Research released by the national mental health charity SANE Australia has found people with a mental illness are often forced to choose between medical treatment and putting food on the table.

Key findings of the research are: ④ 38 per cent of respondents have an annual income of less than $20 000 ④ 54 per cent of respondents often could not afford treatments recommended by their doctor ④) 96 per cent had to choose at times between health care and essentials such as food. SANE research also found that 17 per cent spend more than $100 a month on medication and yet 32 per cent were not registered with the Medicare Safety Net. Debt was found to be a major issue with more than half of respondents (53 per cent) relying on credit cards to help ends meet, and 29 per cent having been contacted by debt collectors in the past year.

Sourced from Mental Health Biz Queensland produced by the Mental Health Directorate, Queensland Health.to ISSUE 10

Welcome to our Nutritional page!

As we all know eating disorders can rob us of the nutrients we need to keep our bodies healthy and sometimes rob us of the knowledge of what we should eat. Each month we will feature a spice, herb and food, with its nutritional value and benefit to the functioning of our organs, bones and body. We hope you find this nutritional information useful and embrace food as fuel, medicine and vital for the on-going health of your body.

Cinnamon

For many the taste of cinnamon is comforting. Cinnamon is an ancient spice that helps relieve bloating and gas. Adding cinnamon to food, especially sugary ones, helps normalize blood sugar by making insulin more sensitive. Besides adding it to food, breakfast, fruit salad and in smoothies, cinnamon may also be added to your water to rev up the taste just like a lemon, lime or cucumber. One cinnamon stick may be used for up to two days before needing to be replaced. It adds a tasty flavor and is very detoxifying and rejuvenating. When added to food, it inhibits bacterial growth and food spoilage, making it a natural food preservative. Studies have shown that smelling cinnamon sticks boosts cognitive function and memory as well as being a great source of manganese, fibre, iron, and calcium.

Camomile

Camomile is an ideal herb if you are feeling stressed and finding it hard to sleep. You can use tea bags or the dried loose flowers to make a strong infusion. You can add lemon or honey (which is also anti-inflammatory) to taste. If you drink a cup of tea just before bed it can help your muscles relax. Camomile is an anti-acid and if you take it after food as a tea, it will ease indigestion and reduce wind. Try combining it with peppermint, which aids digestion, as an after dinner drink. Camomile also has anti-inflammatory properties.

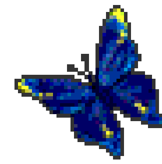
Almonds

Almonds are a natural source of dietary fibre and an excellent source of the antioxidant Vitamin E, which makes almonds very good for your heart and your skin. It protects our cells from damage helping to maintain a healthy heart and blood vessels. Just a small handful of almonds (30g) provides over half your daily vitamin E requirements. Almonds also contain minerals like potassium for active muscles and nerves, magnesium which assists enzyme function and metabolism, Riboflavin for growth and healthy red blood cells, Phosphorous to help build strong bones and teeth, Arginine to promote healthy blood flow and Protein which can help satisfy hunger for longer and be a great Protein source for vegetarians. You can crush almonds to meal and add to a range of recipes including morning cereal, porridge, muesli, and home made muffins.

REFS

Health Bliss by Susan Smith Jones.
http://www.herbfacts.co.uk/pages/herb-file/camomile.php
http://www.australianalmonds.com.au/trade/nutritional-info

GET OFF THE BINGE EATING ROLLER COASTER



CAROL was just 15 when she went on her first diet.

It would be the start of a 15-year binge-eating and binge-dieting roller-coaster, one that would leave her suicidal and locked into a vicious cycle of depression, followed by yet more comfort eating and bingeing.

Now in her 40s, Carol has finally won her battle with Binge Eating Disorder (BED) thanks to a long journey of self-discovery involving therapy and support groups where others with BED shared their experiences with her. Anorexia nervosa and bulimia nervosa are well-known eating disorders, but there's less awareness of BED. And that's surprising as it's more common than anorexia and bulimia combined.

A paper published recently in The Lancet shows the lifetime prevalence of eating disorders in adults is about 0.76 per cent for anorexia nervosa, 1 per cent for bulimia nervosa and 3 per cent for BED. Women are more affected than men: prevalence among women is estimated at 0.9 per cent for anorexia nervosa, 1.5 per cent for bulimia nervosa and 3.5 per cent for BED, compared with 0.3 per cent, 0.5 per cent and 2 per cent, respectively, for men.

The Lancet paper, written by Janet Treasure, a professor at the Institute of Psychiatry, King's College London, and her US and Brazilian colleagues, says BED is likely to be given a classification in its own right during the next revision of the international classification of diseases. It's listed at present under eating disorder not otherwise specified.

The team writes that anorexia is characterised by extremely low body weight and a fear of its increase, and bulimia by repeated binge eating, followed by behaviours to counteract it such as vomiting or abuse of laxatives. BED involves frequent binge eating but differs from bulimia as it occurs without the compensatory behaviours. Thus BED is often, but not always, accompanied by weight gain or obesity.

For anorexia, there are two age peaks of onset, 14 and 17, while the average duration is five years. With bulimia, the average age of onset is 20 and the condition lasts on average eight years. BED also has an average duration of eight years, but onset occurs later than bulimia, at 25 on average. Many adult cases present late, sometimes after five to 10 years or more of illness.

According to experts, most eating disorders are diagnosed at the GP's surgery, especially in cases involving young people.

"There needs to be much more awareness of BED," says eating disorders specialist Kirsty Greenwood, executive officer of Eating Disorders Victoria, which provides wide-ranging support for sufferers. "Eating disorders do not only involve restrictive eating, as in anorexia nervosa but more frequently binge eating."

She adds: "Restrictive eating is often a precursor to binge eating, and people often seesaw between restrictive eating and binge eating. All types of eating disorders are serious mental health problems, out of the control of the individual sufferer unless they get professional help. Therefore, we cannot tell someone with BED to eat less and exercise more and expect this to work."

According to Greenwood, most overweight or obese people don't have BED. "Many people eat more food than their body requires to maintain its current weight and gradually gain weight over time," she says. "Binge eating is different from overeating. It involves eating in a short period, usually defined as two hours, an amount of food objectively larger than most people would eat in a similar period. BED sufferers eat rapidly and beyond the point of extreme fullness and feel out of control while eating."

Julie Parker is general manager of the Butterfly Foundation. With offices in Sydney and Melbourne, the organisation provides support for people with eating disorders and negative body image issues, and their carers. "Many people with BED are very socially isolated and hiding their illness due to feelings of shame, guilt and low self-esteem," she says.

"Warning signs of BED include rapid weight gain, preoccupation with food and constantly being on a diet, fasting and skipping meals, large quantities of food going missing in the home, depressed mood, low self-esteem, negative body image and withdrawal from human contact."

The mainstays of treatment for anorexia nervosa are family and individual counselling, plus nutritional therapy aimed at gradual weight gain. Bulimia and binge eating disorder respond to treatments such as cognitive behavioural therapy, psychotherapy and, in some cases, antidepressants or anti-obesity drugs such as orlistat, sold as Xenical in Australia. Treasure says recommendations also emphasise

the importance of specialised care for treatment of eating disorders, but such care is often not accessible. Hence, there's hope new forms of remote treatment delivery -- emailing, text-messaging and telemedicine, where cognitive behavioural therapy is delivered by a therapist via the internet -- could improve treatment, especially in rural and remote areas of Australia.

"At the Butterfly Foundation more people have been contacting us for support for BED," says Parker. "Often contact comes via email which appears a less threatening way for someone to reach out for help. While no one should be embarrassed about having BED, if using online technologies to access help is the most empowering way for someone to do that, we should see that as a positive thing."

University of Western Australia's Sue Byrne is one of the country's most prominent eating disorders specialists. She says specialist services such as WA's Centre for Clinical Interventions and others nationwide provide vital support. But they're thin on the ground. The CCI is WA's sole organisation of this type and started operating only in 2005.

"Initially we had a lot of very serious, chronic cases presenting for treatment simply because it hadn't been available previously. Early identification and early intervention gives the best outcome," Byrne says.

She's about to lead an international collaboration of researchers, including Treasure, in a multi-centre trial of new anorexia treatments. They plan to recruit 200 patients across Australia and examine the effectiveness of two types of enhanced cognitive therapy, plus a treatment called non-specific supportive clinical management, a combination of clinical management and supportive psychotherapy.

Treasure points out that, apart from studies reporting drug treatments for BED, advances in treatment for eating disorders have been scarce. Byrne believes this has frustrated many eating disorders experts. But of her forthcoming trial, she says: "It is a very exciting study and really good news for eating disorders in Australia. This trial will be a world first in the field of anorexia nervosa, and we want to reassure people that research is being done to try to improve treatments for [all] eating disorders."

This encourages Carol. She remembers clearly the moment she realised her life could change: "I had had 15 years of very bad habits, behaviours and beliefs, and I knew there would be a lot of work involved in making the necessary changes to win this battle. The relief that I experienced by discovering these behaviours had been learned and that I could learn new ones was so inspiring that I couldn't do enough to investigate how to make it all happen."

Although the peak of her illness occurred in the late 1980s, Carol managed to find a therapist who helped her discover how a feeding frenzy allowed her to sidestep her real problems.

She recalls: "The binge itself, followed by the preoccupation with shame, guilt and planning the next diet, managed to distract me from my uncomfortable emotions for about 15 years. I was stunned at how obvious it all was."

A group therapy course with eight other women accelerated Carol's recovery. "We were all at varying stages of our journeys and I found it really helpful to exchange thoughts, experiences and ideas with a group that had had similar experiences to mine.

"We laughed a lot, cried a lot and, most of all, we understood each other. The group facilitators were passionate, skilled and supportive in every way and, at times, damned tough on us."

Today, Carol is happy to eat what she wants, instead of fearing BED. She never wants to return to the cycle of losing and gaining weight repeatedly. She argues that life is to be lived to the full, adding that it's unfortunate that for years she was preoccupied with food, weight, diet and body image. “While at its peak, I was an observer of life and not a [participant]. I feel so incredibly lucky and privileged to be where I am now," she says, admitting that she could never have made her "liberating journey" without the help and support of people.

Kindly taken from Tony Kirby, The Australian, November 28 2009

Youth Scene

Collaborative Community Teenage Magazine

Consume

Winner Becki !

We are so very excited to announce the winner of our Teenage Magazine Competition - Becki, whose title *'Consume'* had everyone discussing what it is to be a consumer, how we all consume things in life, how important it is to share consumer information with kids so that they make more informed consumer choices, etc… Although other titles were just as good, it was "CONSUME" that created the most conversation and we hope that it has the same effect in the community.

To counter 'Consume'—we have decided to use Ryan's logo on the back of the magazine "FREE" - which has a great creatively illustrated logo promoting a Peace symbol. We thought this was a great balance to the word 'Consume'.

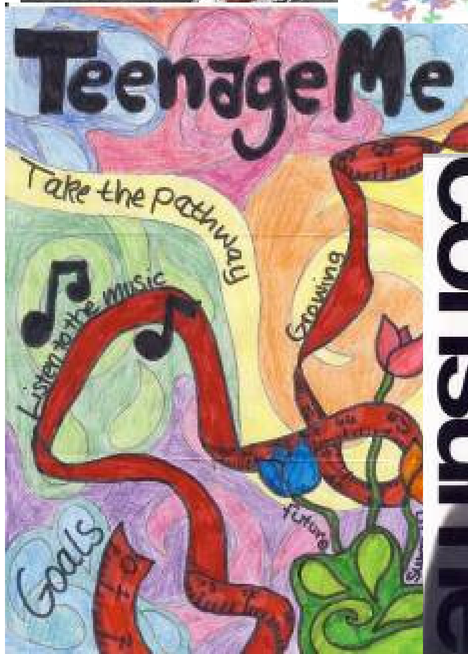
Becki's design—which is a collage of polaroids of life won the cover design. We thought it was great to have a design that reflected the lives of young men and women, and we thought Becki's images of life did that so well.

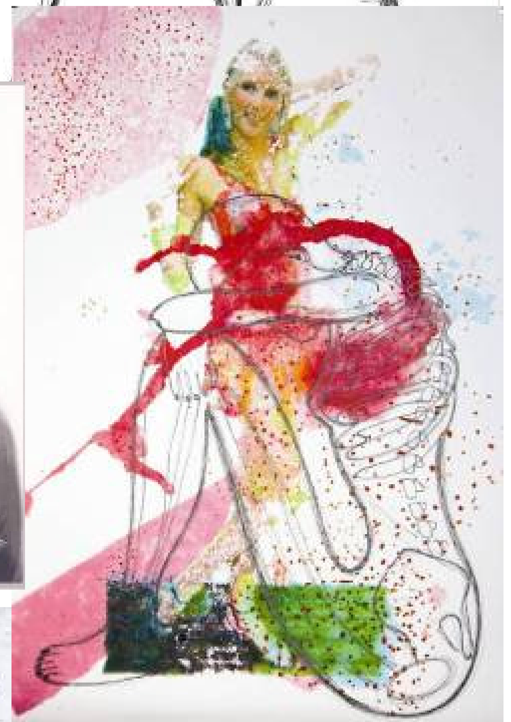
Winner Ryan !

Congratulations also to Nicola, Ryan, Jodi, Martin, Anne-Maree , Alicia and Catherine, whose designs tied for second and third place and will be used throughout the magazine. We look forward to developing the content of the magazine and laying it out in the upcoming months.

Thanks again to all the young people that entered our competition and to all the community groups and individuals who have contributed such fantastic and thought provoking articles.

Watch this space for Consume updates!





BE YOUnique

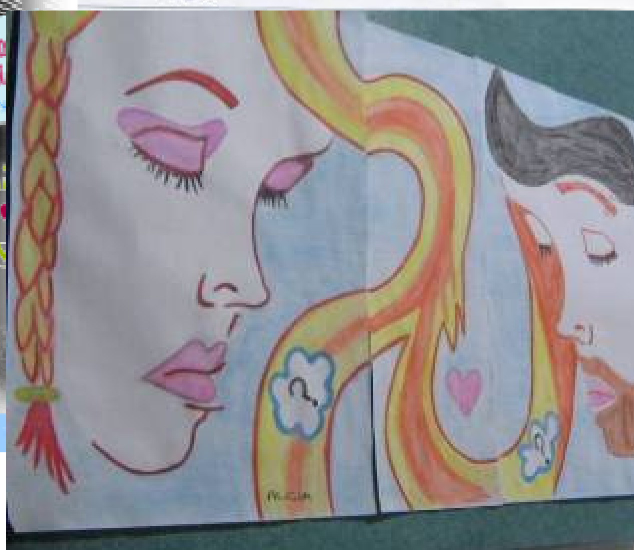
BE Different
BE Yourself

WIN WIN WIN
The Overseas Trip
Of A Lifetime!

MUST-READ
Anorexia-
The Real Deal

Beauty Tips

Reviews + Quizzes + Competitions + Heaps



In the Media…

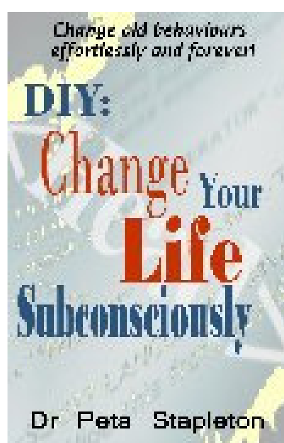
Bulimia Brain Link

JILL STARK
April 28, 2008

Source: The Sydney Morning Herald

TEENAGE girls with early signs of anorexia and bulimia are twice as likely to be addicted to drugs, suffer a mental illness or have an abortion as an adult, even though most do not develop serious eating disorders.
A study of 2000 girls by the Royal Children's Hospital in Melbourne found that an alarming one in 10 females aged 15 to 17 exhibited symptoms of a serious eating disorder.
Experts say the true figure is likely to be much higher because many girls are not being diagnosed, or are in denial about their illness.
The study, published in the *British Journal Of Psychiatry*, found that 28 per cent of girls who had eating disorder symptoms in adolescence suffered depression in their early 20s, compared to 11 per cent of those with no weight issues. The risk of anxiety increased six-fold, while the risk of alcohol and amphetamine dependency doubled.
The research also found that 34 per cent of girls with eating disorder symptoms were sexually active before their 16th birthday, double their peers' rate. Their chances of becoming pregnant or having a termination by their early 20s was greatly increased.
Extreme weight loss, distorted body image, not menstruating and a fear of gaining weight are symptoms of anorexia. Despite 10 per cent of girls suffering at least two symptoms, most were not treated because a diagnosis is only made when a patient has all four symptoms.
Education was compromised, with 25 per cent of girls leaving school before year 12, compared to 13 per cent of those with no weight issues. "These are girls on a problem path but they are not being picked up by treatment services," said the study's author, Professor George Patton, of the Centre for Adolescent Health.

Book Review...



DIY: Change Your Life Subconsciously

Dr Peta Stapleton

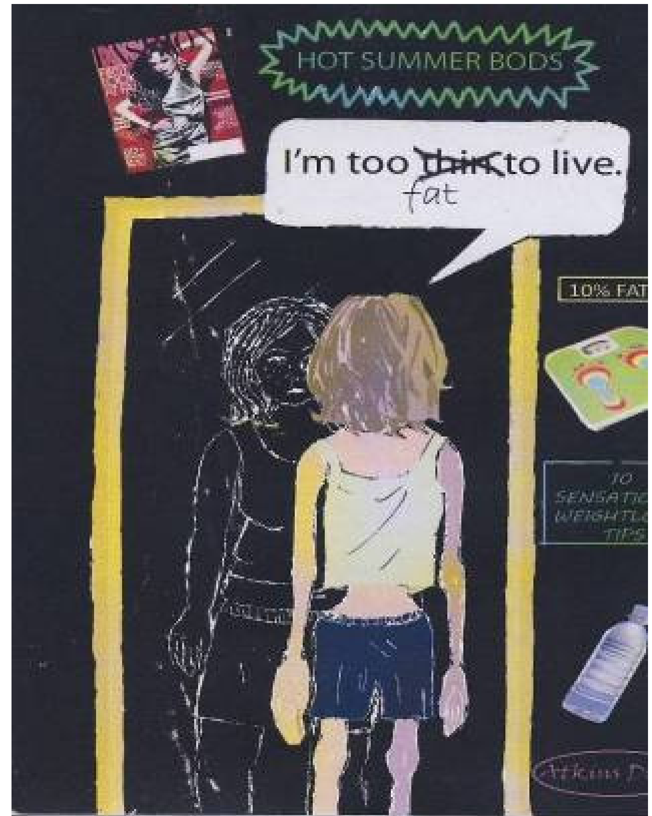
"This book is about what I believe to be the best combination of techniques and skills to change your own problems and patterns in your life, and also change other people's! Imagine: skills that allow you to change other people without them knowing, and foster better relationships! Finally, methods to help you get what you really want in life" Dr Peta Stapleton, PhD.

DIY: Change your Life Subconsciously, is a practical skills based approach that gives readers the necessary information and skills to positively change old behaviours and more importantly the thoughts and feelings that drive those behaviours. It is written in a simple format and is suitable for both sufferer's of eating disorders as well as their loved ones. This book is beneficial for anyone who would like to change their behaviours through understanding and learning where our behaviours derive from and more importantly how to adopt alternative and more positive behaviours to make the necessary changes to improve our lives.

Dr Stapleton brings with her a wealth of knowledge and has worked with eating disorders and addictions for many years. She is also a Senior Lecturer for the School of Medicine at Griffith University.

Thanks ...

The EDA would like to take this opportunity to thank Sarah Hu from Burwood Girl's High School in NSW for her art work expressing concern over the rising number of cases of Anorexia in the developed world. This etching and photo-shopped image formed part of Sarah's Visual Arts course where students were asked to develop a piece of work in the format of a postcard addressing an issue of concern to them. Sarah commented on the back of her postcard "The situation could be helped if we were more aware of the fact that our bodies are precious and that we should never abuse it to 'look thin' ". Thanks again Sarah and congratulations on raising awareness on the seriousness of eating disorders in such a creative way.



Web-Based Support and Information

ED-Sufferers
www.eda.org.au
www.isis.org.au
www.butterflyfoundation.org.au
http://recoveryispossible.com.au
www.bulimiahelp.org
www.smart-eating.com
www.oabrisbane.og

ED-Young People
www.reachout.com.au

ED-Family/Carers
www.maudsleyparents.org
www.feast-ed.org
www.eatingwithyouranorexic.com
www.e-mental-health.eu/anorexia/website/

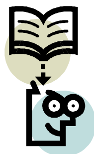
Health
www.womenshealth.org.au
www.awhn.org.au
www.beyondblue.org.au
www.depressioNet.com.au
www.pale-reflections.com/
www.dadsanddaughters.org
www.manhood.com.au

Body Image/Self Esteem
www.selfesteem4women.com
www.lifeafterdiets.com.au
www.girlsinc.org/gc/
www.justthink.org

The Eating Disorders Association resource centre takes no responsibility for the content of these websites

Previous Topics of Through the Looking Glass

Finding Support at Xmas - Dec 2009 / Jan 2010
After Recovery- Novemember 2009
Treatment Options- October 2009
The Recovery Process -September 2009
Effective Communication -August 2009
Managing Difficult Emotions -July 2009
Self Care -June 2009
Being True To Yourself -May 2009
Family, Friends & Carers -April 2009
Links Between EDs & Addictions -March 2009
Embracing Change -February 2009



Other Services

ISIS– Centre for Eating Issues
58 Spring St, West End 4101 Ph: (07) 3844 6055
EDOS-Eating Disorders Outreach Service
Rosemount, Building 14, Windsor Ph: (07) 3114 0809
Eating Disorders Adult Service (Gold Coast)
Ashmore, Gold Coast Ph: (07) 5667 2000
Child and Youth Mental Health Service (CYMHS)
Info line: 1800 177 279
New Farm Clinic
22 Sargeant St, New Farm 4005 Ph: 32549100
ARAFMI Ph: (07) 3254 1881
Parentline 1300 301 300
Kids Helpline Ph: 1800 551 800
Lifeline Ph: 131114
Statewide Sexual Assault Service (24hr) Ph: 1800 010 120
Domestic Violence Telephone Service (24hr) Ph: 1800 811 811
Crisis Care Ph: 3235 9999

ARE YOU INTERESTED IN HELPING SOMEONE WITH AN EATING ISSUE ?
The EDARC is calling on people in recovery who may want to assist those in need of support. We are seeking volunteer support workers from all regions of Qld for our Telephone Support Network. If you are interested in becoming an after-hours contact for those in need of support please contact the EDARC on (07) 3394 3661.

NEED TO TALK?

Do you have an eating disorder and need to chat to someone who REALLY understands? Are you a parent who'd like to chat to other parents? Why not call our

Volunteer Telephone Support Network

People with an eating issue call:

Brisbane
Michelle 0407 152 566 - after 8.30pm weekday
any time on weekends
Jan (07) 3398 4119 (Leave a message anytime)
Sunshine Coast
Angela (07) 5437 7951 9am - 4pm Wed, Fri, Sat, Sun
Sally (07) 5439 6043 after 6 pm Mon-Sun
Gympie
Alysha 04050185231
Townsville
Gunn 0404 803 622 any time
Cairns
Cherie 0409227448

Parents call:

Brisbane
Jenny (07) 3822 9739
Lesley (07) 3378 6730 / 0404 091 696, 6.00pm to 8.00pm weekdays, 9.00am to 1.00pm weekends
Terry (07) 3822 9739 before 9pm seven days
Vicki 0400298818 (leave a message anytime)
Jill 0405321292 (after 5pm Mon/Wed/Fri, w/ends any time)
Sunshine Coast
Gill (07) 5478 2854 before 9 pm 7 days
Northern NSW
Carolin (02) 66 841795 after 7pm 7 days

Remember, these people are not trained counsellors. They are volunteers who are offering support, not telephone counselling. These are home numbers so please ring before 9pm.